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| ASHKAN NAJAFI, P.A. 6817 SOUTHPOINT PARKWAY SUITE 2301 JACKSONVILLE, FL 32216 703/2005 MBERHE1 00000115 10623334 | | | RADEMARY | I hereby certify that States Postal Service addressed to the Ma transmitted to the US | Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below. | | |
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| APPLICATION NO. | FILING DATE | FIRST NAMED INVE | | D INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. | |
| 10/623,334 | 07/21/2003 | | Laura A | A. Costa | TOR 7024 | 3287 | |
| APPLN. TYPE | SMALL ENTITY | ISSUE F | EE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE | |
| nonprovisional | YES | \$700 | | \$300 | \$1000 | 06/02/2005 | |
| EXAMINER | | ART UNIT | | CLASS-SUBCLASS | ך | | |
| GEHMAN, BRYON P | | 3728 | 3728 224-576000 | | _ | • • | |
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| Address form P1O/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | | | |
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BSWKAN

WASPAT

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

Date 5/27/05

The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number ______ (enclose an extra copy of this form).

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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